



EL DORADO TRANSIT



MY RIDE

Mileage Reimbursement Program Participant Application

Welcome to the El Dorado Transit My Ride mileage reimbursement program. The My Ride program enables veterans, seniors (60 or older) or disabled residents of El Dorado County (not including the Tahoe basin) who are registered for the My Ride program at El Dorado Transit to reimburse their friends, neighbors, or family members for providing them with transportation in their personal vehicles. Trips can be for any purpose, including medical appointments, grocery shopping, hairdresser, and social activities. There are no fees to participate in this program. The trips are free for the passenger, and the driver receives a reimbursement for providing a valuable service for the passenger.

Type (Check One):

_____ **Veteran**

Will need to provide a valid veteran identification card.

_____ **Senior (60+)**

Will need to provide a valid state issued photo identification or passport to prove age.

_____ **Disabled**

Will need to provide a valid state issued photo identification or passport along with one of the following: a Medicare card, a DMV disabled placard computer printout, a Social Security disability benefits award letter or a signature by a physician or authorized representative on page 2 of this application.

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____ **State:** _____

Zip Code: _____

Primary Phone Number: _____

Email: _____

Please submit both sides of this form along with proof of eligibility to El Dorado Transit by email to info@eldoradotransit.com, by fax to (530) 622-2877, or in person at the El Dorado Transit office at 6565 Commerce Way in Diamond Springs Monday through Friday 8:00 AM to 5:00 PM.



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Disabled Eligibility Application

For disabled eligibility, please provide either a Medicare card, a DMV disabled placard computer printout or a Social Security disability benefits award letter. If you do not have any of these documents, you will need to have a physician or authorized representative provide their information and signature in this box.

Healthcare/Social Service Professional Verification for Disabled Eligibility – To be completed by a professional who can best document applicant’s abilities (a license is not required). Please provide your professional contact information:

Name: _____

Profession/Agency: _____

License # (if applicable): _____

Address: _____

Phone Number: _____ Email: _____

I certify that this individual is in fact disabled and qualifies for the My Ride mileage reimbursement program at El Dorado Transit.

Professional Signature

Date

Waiver, Disclaimer, and Indemnification

By signing below, the undersigned hereby releases, waives, and holds harmless the El Dorado County Transit Authority (El Dorado Transit) and its Board members, employees, and volunteers from any and all suits, claims, damages, losses, injuries (including property damage, bodily injury, and/or death), and any other compensable loss of any type (collectively “Claims”) to you, your family and any and all passengers, pedestrians, or any individual participating in the Mileage Reimbursement Program, directly or indirectly arising out of your participation in the Mileage Reimbursement Program, or out of the actions, conduct, or inaction of the volunteer drivers, whether or not the negligence of El Dorado Transit or staff contribute to or cause the Claims. You further acknowledge that the Driver is not an employee, professional driver, contractor, agent, or representative of El Dorado Transit, and does not render a service for, or on behalf of, El Dorado Transit. This release does not apply to the extent the Claims are caused by the gross negligence or willful or wanton misconduct of El Dorado Transit or staff. You further agree to defend and indemnify El Dorado Transit and staff from any and all Claims directly or indirectly arising out of the negligent, reckless, or willful acts of omissions of you, volunteer drivers, your family, and any and all passengers, pedestrians, or any individual participating in the Mileage Reimbursement Program. You further agree to provide accurate mileage reporting to El Dorado Transit, understanding that fraud and abuse can lead to suspensions and/or termination of participation in the program. You understand that as a passenger you are limited to 350 miles per month and cannot share driving responsibilities to increase the mileage limitation. You understand that the program is intended to assist El Dorado County residents who are unable to drive or may otherwise not have access to transportation, and that the reimbursement is subject to El Dorado Transit’s sole discretion. If any situations arise that concern you about the safety of the volunteer driver or yourself, call 911 and alert El Dorado Transit staff. You should feel free to notify El Dorado Transit about any concerns that arise from the program by calling (530) 642-5383.

I certify that I have read and understand this and agree.

Applicant Signature

Date